



EMERGENCY HOUSING ASSISTANCE PROGRAM

LANDLORD VERIFICATION OF NEED FOR RENT OR SECURITY DEPOSIT ASSISTANCE

Landlord/Owner Name: _____

Renter(s) Name: _____

Rental Address: _____

City, State, Zip: _____

Lease Dates: _____

If applicable for new renters:

Tentative Move-in Date: _____ First Month Pro-Rated Amount \$ _____ Amount of Security Deposit \$ _____

Date Rent is Due: _____ Monthly Rent Amount \$ _____ Rent Arrears \$ _____ total and what month(s)

Are you currently receiving any other form of rental assistance for this household? ____ Yes ____ No

If receiving rental assistance, what type:

- ☐ Voucher _____
- ☐ HUD/VASH _____
- ☐ USDA-RD _____
- ☐ ESG _____
- ☐ Other _____

LANDLORD CERTIFICATION

I hereby certify that the dwelling unit referenced on this form is operated and maintained in compliance with [The Montana Residential Landlord and Tenant Act of 1977](#) as outlined in Montana Code Annotated Title 70 Chapter 24, including landlord duties to maintain the premises.

By signing this form, I certify that the information presented is true and accurate to the best of my knowledge.

Signature of Landlord/Owner

Date

